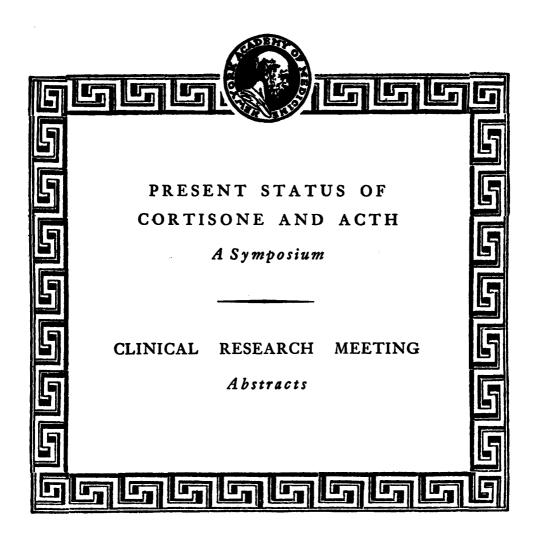
## BULLETIN

OF THE NEW YORK ACADEMY OF MEDICINE



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1950

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### BULLETIN OF THE NEW YORK ACADEMY OF MEDICINE



APRIL 1950

### PRESENT STATUS OF CORTISONE AND ACTH\*

A Symposium

Chairman: Robert F. Loeb

Rheumatoid arthritis—Richard H. Freyberg
Rheumatic fever—Currier McEwen
Lupus erythematosus—George Baehr
Neoplastic disease—Olaf H. Pearson
Metabolic effects—Jane Russell
Effects on connective tissues—Charles A. Ragan
Immune responses—Edward E. Fischel

<sup>\*</sup> Presented at a Special Meeting of The New York Academy of Medicine, January 12, 1950. Arranged by the Committee on Medical Education.

physiologic saline. In many instances, ethyl chloride spray was also used. The spray was lightly applied over the adductor longus muscle and groin in rhythmic upward sweeps in such a manner that frosting and cold pain were avoided. Gentle passive stretch was exerted on the muscle during spraying. In one patient, reported as "allergic" to procaine, groin pain was relieved by infiltration of the trigger areas with physiologic saline. In five patients, permanent relief of pain was secured by repeated (daily) application of the spray alone; in these subjects, the limitation of adduction of the thigh resulting from spasm of the adductor longus muscle, was seen to diminish or disappear at once, that is, during application of the spray. In other cases, when the spray produced no objective relaxation of this muscle, procaine infiltration was usually carried out immediately.

Relief of groin pain was permanent when spasm of the adductor longus muscle was caused by direct injury. When the spasm developed reflexly as the result of remote organic disease, relief of pain was usually temporary owing to constant reactivation of the vicious cycle of spasm-pain-spasm. Even in the latter group, which included 4 patients with metastatic carcinoma of the lumbar spine and pelvis and 4 patients with osteoarthritis of the hip symptomatic relief was regarded by the patient as satisfactory. In osteoarthritis of the hip joint, instantaneous relief of nocturnal referred pain was obtained by the patient's applying the spray briefly whenever necessary during the night.

Thus, when muscular pain is relieved by such measures which block trigger mechanisms, no deductions can be drawn from that fact alone as to the primary cause of pain. It is only with the passage of time and further study of the patient that the differentiation can be made between a physiologic disorder of the myofascial tissues and a reflex cycle activated by remote pathologic lesions.

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